

threatens to become chronic. This disease is unemployment. In recent years it had been pushed into the background, but today it is back as a major threat to the mental and physical well-being of a working family.

The postwar outbreak has its own etiology. The effects are familiar, but the causes have novel embellishments. Recent figures indicate that the labor force employed today in producing raw materials and finished goods is no larger than the number so employed in 1940, when the total unit volume of production was much smaller. While production and the working force have been growing, surplus labor has moved into the Armed Forces, into service industries, or into retirement or unemployment.

The number of unemployed soared to about five million in the brief economic setback of 1957 and has not diminished in the present period of ongoing recovery. Employers reduced the working force in 1957 to save operating costs and they could reduce it further today without loss of production. In many industries productivity per employee has reached such a high level that to raise wages on the basis of productivity would mean paying as high as \$10.00 per hour.

The process by which workers are displaced is quite as significant as the fact of their displacement. Cost cutting as a factor in displacement has been mentioned. Another economic consideration is that it is frequently less expensive to build an entirely new plant, in order to save production costs, than to remodel the old. Moreover, and here the sociopsychological element reinforces the economic, employers find that a brand new working force is far less resistant to newer ways of doing things than the old hands. As a result, investment in new machinery to be operated by electronic tubes and punch cards leads not only to abandonment of the old site, the old town, but most important of all—the old employees.

For the industrial worker and his family, progress in productive ingenuity poses a threat—the threat of unemployment and all its consequences. But not only the individual family is affected. Just as when a pebble is dropped into water and the ripples spread farther and farther, so when a family is affected by unemployment the consequences are of concern to the entire community. The acute case of unemployment today may be the chronic problem family of tomorrow. Moreover, as this family drops out of the market, no longer able to buy the goods and services offered by its neighbors, they too are threatened. Finally, unemployment goes hand in hand with mental distress and a feeling of helplessness, with cold, hunger and illness, and with family disorganization. Thus, unemployment becomes a community problem, a problem encountered by health workers, welfare workers, and others whose job it is to help people meet and deal with basic needs.

Unemployment can be dealt with by various methods: reorganizing the community for new economic enterprise which is needed to satisfy the world's unfulfilled needs, by retraining the worker for new tasks, and by planning in advance to deal with the consequences of industrial innovation. Meanwhile, the public health worker must handle the problem as it exists today and endeavor to recognize and to ameliorate the consequence of a serious social disease.

Lemuel Shattuck (1793-1859): Prophet of American Public Health

I n 1850 the Massachusetts Sanitary Commission issued a Report of a General Plan for the Promotion of Public and Personal Health . . . relating to a sanitary survey of the state. The report was the work of Lemuel Shattuck, a bookseller and publisher of Boston, who died on January 17, 1859.

Shattuck was born at Ashby, Mass., on October 15, 1793. Originally a schoolmaster, he taught at Troy and Albany, N. Y., and at Detroit, Mich. Discontent led him eastward again and he settled in Boston. Shattuck became interested in community affairs and when he retired from business at the age of 46 he devoted the remainder of his life to various public endeavors. For example, when a member of the school committee in Concord, Mass., he reorganized the public school system of the town. Through an interest in genealogy, he recognized the need for accurate vital statistics; he implemented this recognition by stimulating the organization of the American Statistical Society in 1839 and by securing in 1842 the passage of a law in Massachusetts initiating state-wide registration of vital statistics. In 1845 Shattuck issued a "Census of Boston," which is not only a prelude to his better-known report of 1850, but is worthy of consideration in its own right because it provided a solid foundation for the accurate recording of statistics in the United States.

Appalled by the high general mortality and the shocking infant and maternal mortality revealed by the census, Shattuck engineered the appointment of a commission to make a sanitary survey of Massachusetts. Shattuck was chairman and wrote the report of the commission. In his views he was stimulated and influenced by the activities and ideas of contemporary British and French sanitary reformers. Though it had no practical effect upon its appearance, the Shattuck report is today recognized as an important landmark in the evolution of community health action.

It outlined a basis for sound public health organization and made recommendations that to a large extent have been achieved in the intervening hundred years. Shattuck recommended the establishment of a state health depart-

ment and local boards of health in each town. Furthermore, he urged sanitary surveys of particular urban communities and other localities. Among his recommendations in vital statistics are a decennial census, uniform nomenclature for causes of disease and death, and collection of data by age, sex, race, occupation, economic status, and locality. Environmental sanitation, control of food and drugs, and communicable disease control are considered at length in the report. Health education was given a great deal of attention, and well child care, the health of school children, and mental health are all touched on. The farsighted character of the report is indicated by Shattuck's proposals on alcoholism, smoke control, town planning, and the teaching of preventive medicine in medical schools.

The appeal of Lemuel Shattuck's report to the modern public health worker is understandable. In very large measure he forecast the pattern of public health organization and practice which developed and has endured in the United States over the past hundred years. We know next to nothing of Shattuck the man, nor do we know what his plan of organization would have been like in practice, for it was not implemented. Shattuck endeavored to have the major recommendations of the report enacted into law, but without success. He died in 1859 and it was left to others to take effective action a decade later. The great and abiding achievement of Shattuck was to take ideas and practices of his predecessors and contemporaries, to adapt them to the American scene within a broad and coherent pattern of organization, and in essence to formulate a complete health policy. He did not reach the Promised Land, but he saw it from afar and described it for those who were to follow him. For this accomplishment we hail Lemuel Shattuck in this centennial year of his death.